

## APPLICATION FORM

Please complete this form in full, by computer or by hand, printing clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to. Return 1 original and 2 additional copies of the form in hard copy to the contact of the Workshop.

If you send your application by fax or e-mail, please send the hard copy as well. Your application should reach STDM or HIST before 10 September, 2013. Forms that are not received in hard copy or that are incomplete will not be considered.

Clip or staple  
two photos  
this size  
(do not glue)  
Please print your  
name in block  
letters on the  
reverse of each  
photo

### 1. CANDIDATE

FAMILY NAME (SURNAME)	FIRST NAME(S)	NATIONALITY
M or F	DATE OF BIRTH: DAY MONTH YEAR	COUNTRY AND PLACE OF BIRTH
MARITAL STATUS		
INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)		
CITY	COUNTRY	POSTAL CODE
OFFICE TELEPHONE (+area code)	HOME TELEPHONE (+area code)	
FAX(+area code)	E-MAIL	
MAILING ADDRESS (if different from above)		

### 2. EDUCATIONAL BACKGROUND

ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION(FROM-TO)	DEGREE OBTAINED (Title and subject)

**3. PUBLICATION AND RESEARCH**

LIST YOUR SIGNIFICANT PUBLICATIONS (TITLE, PUBLISHER & DATE) AND/OR RESEARCH PROJECTS.

**4. LANGUAGE ABILITY**

PLEASE RATE YOUR ENGLISH AND CHINESE PROFICIENCY FROM 1 (POOR) TO 3 (ACCEPTABLE) TO 5 (VERY GOOD).

Spoken						Understanding					Written				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
English															
Chinese															

As the course is to be held in English, please enclose a certificate attesting your knowledge, for instance from the British council or from an internationally accredited EFL course provider in the case of English, or equivalent as appropriate.

**5. PROFESSIONAL ACTIVITIES**

PRESENT OCCUPATION		FROM(DATE)	
INSITUATION, ORGANIZATION OR COMPANY			
ADDRESS			
TELEPHONE(+area code)			
FAX(+area code)		E-MAIL	
NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS			
DESCRIBE YOUR CURRENT RESPONSIBILITIES AND RESPONSIBILITIES AND PROFESSIONAL ACTIVITIES			

RELEVANT PREVIOUS ACTIVITIES	FROM-TO(DATES)	RESPONSIBILITIES

**6. OFFICIAL ENDORSEMENT**

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor).The undersigned:

NAME	TITLE OR POSITION	INSTITUTION OR ORGANIZATION
ADDRESS		
TELEPHONE(+area code)	FAX(+area code)	E-MAIL
Endorses the application of the candidate: [NAME.....]		
Will the candidate's present position still be available to him/her after the course is over?		
YES	NO	
SIGNATURE OF PERSON ENDORSING APPLICATION	DATE	STAMP OF INSTITUTION

**7. OTHERS**

HOW DID YOU LEARN ABOUT THE WORKSHOP?
<input type="checkbox"/> Direct mailing to institution <input type="checkbox"/> STDN website <input type="checkbox"/> HIST website <input type="checkbox"/> Word of mouth/email from colleagues <input type="checkbox"/> Other (please specify)

**8. CANDIDATE'S STATEMENT**

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the training. I also take note that if my application is accepted I shall have to undergo a medical examination at my own expense according to instructions received from training, and that my participation in the course will be conditional upon the satisfactory results of this examination. I also declare that I will be returning to my current employer on completion of the course.

CANDIDATE'S SIGNATURE

DATE